

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101564794

FILING DATE

12.11.06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMEN		AFTER 2 <sup>nd</sup> AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL						
IND.						
DEP.						
CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMEN		AFTER 2 <sup>nd</sup> AMENDMEN	
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